

**Issues in Bioethics**  
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**Challenges to Dignity and Human Rights Approach in Bioethics**

Hi, Welcome to this course, Issues in Bioethics. This is the Unit Two of Module Three. And this lecture will focus the topics, challenges to dignity and human rights approach in Bioethics. So, we will focus on basically three important frameworks, which will address the concept of rights. (Refer Slide Time: 00:38)

## Frameworks for Discussing Rights

- **Within the Patient-Physician relationship framework:**  
Right to privacy, to the confidentiality of their medical information, to consent to or to refuse treatment, and to be informed about relevant risk to them of medical procedures.
- **Patient and the hospitals/healthcare providing institutions:**  
Are hospitals moral agents? Can we ascribe agency to hospitals, as we do it to individuals?
- **What the patients can expect from the society?:**  
The right to health – human rights approach.

Some important issues, we will continue with the next lecture also. We will basically try to address this problem, from three perspectives in this lecture. The first one is within the patient-physician relationship framework, where certain issues, which have appear or emerge in the context of physician-patient relationship will figure in.

The second one is patient and the hospitals, health care providing institutions, whatever it is. So, that relationship certain ethical issues, that become relevant in the context of such a relationship will be figuring in. And the third one is actually a much larger perspective, where we will

address the problem from the perspective of society, what the patients can expect from the society.

So, we will start with the first one, where within the patient-physician relationship framework. What appears to be a right. Of course, we have been discussing this from the very beginning that modern Bioethics is concerned about the individual. One of the primary objectives is to focus on the individual, and the individual rights, the interest of the individual.

Many of the theoretical frameworks give a lot of importance to individual. The autonomy of the individual is underlined. And again, based on such philosophical assumptions, issues like the right to privacy, confidentiality of the individual patient to their medical information, to consent to or to refuse treatment, and to be informed about relevant risk to them of medical procedures.

Some of these issues, which we have already examined in the previous lecture, where we have particularly focused on the notion of consent. The idea of informed consent, which is directly derived from the notion of autonomy. So, there is not much new, I am going to discuss under this framework today. But, still I thought, it is very important to understand the whole notion from the perspective of the idea of rights.

And then, finally come to the conclusion with the notion of human rights conceiving health as a human right. With this very important, one of the very important approaches to Bioethics in today's world. The second one is as I mentioned, where patient and hospitals are related in a very important manner in today's world.

The idea of family physician is slowly disappearing. It is almost disappeared. Now, all of us as individual patients are related to hospitals. We go to the hospitals and we have a very technical professional relationship with the hospital. They maintain some of our records. And, in our records many things about us would be mentioned.

Many important information, very personal information about us like starting from our age and height and other things. Right, and again more crucial information like our specific diseases, to what drugs we are allergic to, and many other things will be mentioned in our health records.

And, these records are maintained by the hospital. And, this records consist many crucial and personal private information about us, which have to be kept confidential. So, this is very important for us. So, these hospitals have some sort of obligations, moral responsibility towards its patients. Not just preserving or not just maintaining confidentiality of patients, there are many other issues. Because, the whole relationship is based on certain understanding of trust or certain agreements between our patients and physicians and hospitals, which is there in the society.

So, based on such agreements, we expect certain things from the hospitals. And, the hospitals are also expected to provide certain care, certain standards, certain quality of care to its patients and also protect, certain very important interest of the patients in certain ways. So, the question is in this context, we are talking about moral obligations, hospitals have towards patients.

But, the concept of moral obligation is normally something, which we associate with a person, with an agent, who is an individual, who can take decisions based on certain choices, and based on certain understanding about the situation, the consequences and all other things. So, normally moral agency is a concept, which we associate with individuals. But, when you say that hospitals are obliged to or there are certain moral responsibilities in the part of the hospital towards the patients.

Then, we are considering hospitals as moral agents. Can we do that? How can we justify this? Can we ascribe agency to hospital, as we do to individuals? That some important question, we have to address. And finally, we would see that, we can do that. Because, hospitals do generally function like other organizations, which have some sort of a moral agency, which is not an individual moral agency, but there are individuals, who take very important decisions in hospitals like organizations.

So, naturally we can quite legitimately ascribe moral responsibility to hospitals as well. Now, when we come to the perspective of society or the framework of discussing the notion of rights from the perspective of society, the whole idea of right to health comes into picture. And then, it leads to the notion of human rights approach in Bioethics. We are trying to evaluate the advantages of this concept, this very idea of health as a human right in this lecture. Now when you come to the idea of patients' rights.

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## Idea of Patient Rights

- Based on the concept of the person, the fundamental dignity of human beings and equality of all human beings
- Universal Declaration of Human Rights are derived from this.
- Affirms the **inherent dignity** and the **equal and unalienable rights** of all members of the human family.

Autonomy of individuals: all individuals are rational agents and have a moral sense that deserves respect.

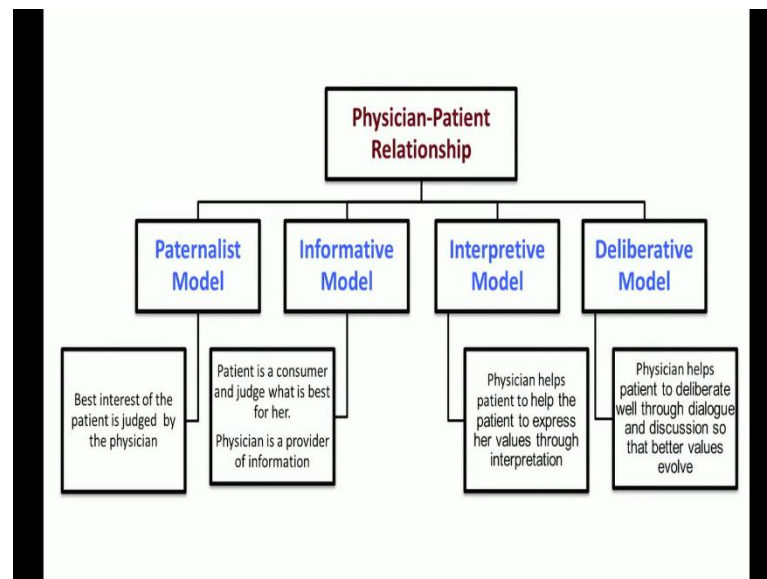


So, it is definitely based on, as I mentioned, the philosophical idea of autonomy. So, the concept of person is an underlying notion here. The fundamental dignity of human beings and equality of human beings, all human beings are asserted from the very outset. So, all human beings are equal. This is the fundamental idea behind the very notion of human rights as well. So, the very declaration, the universal declaration of human rights are derived from this notion that, human beings are equal.

There is something called human dignity, there is something called a person in every human being, which deserves respect from all of us. And, each person deserves respect, because an individual person is a rational moral agent, who has the ability to evaluate choices and take decisions based on all factors considered. So, we are all human beings, have this capacity to

understand situations, evaluate consequences and take decisions. So, we are all moral agents that make us human beings and with certain amount of dignity. So, in that way, to assert the concept of equality, we take up this concept of moral agency. Then, it affirms the inherent dignity and equality, equal and unalienable rights of all members of the human family from where, we derive the concept of human rights.

Autonomy of individuals of course is the underlying philosophical notion behind it. We have been reiterating the importance of this concepts, which says that all individuals are rational agents have the moral sense. So, there is something called a moral sense in all of us, which is responsible for the agency, which we exhibit, which we can assert, when we take decisions. So, that is responsible for our concept of autonomy or rather justifies the notion of autonomy. Every individual person is an agent. Now let us come to the concept of physician-patient relationship. (Refer Slide Time: 08:46)



And, try to understand that, from that whatever information, we already have, whatever philosophical insights, we already have about a human being. So, this gives you a broad picture about the various models that, we can take into account, when we try to understand the physician-patient relationship. So, there are basically four models, which are mentioned, when we talk about this relationship. The first one is called the paternalist model. As the name suggest, the paternalist model is, where the physician is the authority. The best interest of the patient is judged by the physician.

No one else, but the physician decides, what is good for the patient. And, most of the traditional frameworks are based on this model. And, the Vaidyas in India or any physician in the ancient world was guardian of the patient. The right guardian of the patient, who decided, what is good and what is right for the patient and did things accordingly. So, there are even occasions, where a physicians are not allowed to be questioned. The patients are not expected to ask physician, what is this medicine for or how is it going to function in my body or what would be the consequences.

These questions are often not entertained in the traditional model. Because, your underlying assumption is that, the physician knows everything for you. And, physician knows, what is good for you. So, why do you question? At the very fact that, you approach the physician indicates that, you have no autonomy. You have already surrendered your autonomy or you are in a situation, where you are not able to exercise that autonomy.

So, now you come to another person allow that person to work. This is the kind of belief; you have in the traditional model. Now, when you come to the next model, because you are forced to come out of this model and think about other alternatives. You have the other one, is the informative model, where the patient is a consumer and judge, what is best for her.

So, like a consumer, who goes to a shop and decide, which soap or toothpaste, he or she wants to buy. Everything will be there, available there and already the facts about many of these products, you are already been given. Based on your understanding about these facts and various other factors, that might influence you. You select the correct product, which you want. Similarly, the physician is a provider of information.

Physician gives you information about your disease, information about the medicines available or rather the different courses of treatment, that are available. Based on this information, you take the decision. You are like a consumer. You have every right, which a consumer has and decide, what course of action, what course of treatment would be better for you. So, this model has its fundamental limitation.

Because, whether we like it or not, situations where we fall ill often are highly complex. There are highly complex scientific facts about it, which only a physician might be able to understand with all its complexity. Sometimes even a physician himself or herself will fail to understand this.

But to some extent, the physician definitely knows better than the patients. And, it is better to often leave decisions to the physician sometimes. Rather than trying to say that, I will do for this, I will go for that. But, that is not the kind of understanding, we have in today's world. In today's world, we prefer to be decision-makers and take decisions on our situations. But, this often does not work in today's world.

Even today, majority of the patients in countries like India and other developing countries trust their physicians and tell that, it is better that physician take decisions for them. So, the notion of autonomy, as we understand in the strict sense of the term does not really work in such context, in actual context. Though, theoretically it looks very attractive practical application, when it comes to the practical application, it does not work in the exact way as it works in certain other cultural context.

So, we go to another model which is called the interpretative model or the interpretive model. where the physician helps patient to express her values through interpretation. So, here the role of the physician is very crucial. Where the physician has to be really a patient person, who has to bring out the values, on the basis of which, the patient takes decision. And, interpret these values and suggest the courses of action, which need to be followed.

The fourth one is the deliberative model, which looks more modern and more attractive, which says that physician helps patient to deliberate well through dialogue and discussion So, that better values evolve. So, this looks more attractive model. It is more dialogical. So, the physician is expected to engage in a conversation with the patients. And, through that conversation and discussion, there is a common value that evolves or a common understanding that evolves.

Both of them, understand each other and also the situation in a better way. With the help of the physician, the patients also understand the situation in a better way. The kind of inputs the physician gives in that conversation and vice versa, they are very crucial in this process.

One thing, which we have to keep in mind is that, all the four models are even today happening in medical world. We cannot say that; the paternalistic model is not relevant today at all. Of course, we can say that philosophically and theoretically, it is irrelevant. Because, we always have to assert the value of decision-making as far as the patient is concerned.

We value autonomy of the patient, and expect that the patients, would come up with decisions, right kind of decisions. It is not that; the physician is going to make decisions for the patient. But at the same time, it happens in many context even today. And one of the prevalent models even today. So, all the models of physician-patient relationship still exist, though some of these models are preferable over others.

Definitely the deliberative model looks more attractive and more preferable. But, unfortunately in all context, and in all situations, and in all cultures, the deliberative model may not work. See for instance, the deliberative model requires that, there is a conversation, a dialogue and a discussion, between the patient and the physician. And, this can happen only in a very ideal context, where both physicians and patients have time.

But, if you go to a typical government hospital in rural India, there will be hundreds of patients waiting outside the consultation room of one doctor. So, the doctor hardly gets, how many minutes to spend for a patient. Where is the time of discussions and deliberations and conversations and dialogue? So, under such circumstances, the deliberative model has no value or rather the deliberative model, the ideas of the deliberative model are defeated under such circumstances.

So, naturally physicians and patients prefer to adopt some other model. And again, when most of the patients are illiterates. What I mean by illiteracy is not necessarily lack of educational qualification. Illiteracy also means in this context, the lack of the ability to understand certain



situations. People who are illiterate in the technical sense of the term, who have not gone to schools and colleges might express high levels of comprehension. Having such patients or rather interacting with such patients is very difficult for physicians. So, on such occasions normally, what happens is that, the physicians take decisions for the patients.

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## Hospitals-Patients Relationship

- **Hospital can be morally responsible:** it can choose between alternatives and can act rationally and can be responsible for its actions.
- Not synonymous with the moral responsibilities of healthcare professionals.
- Obligated to provide considerate care to patients.
- Honour the **personal dignity** of the patients and respect their cultural, psychosocial, and spiritual values.
- Respect **confidentiality** of patients.
- Avoid all forms of exploitation and conflicts of interests.

Now, let us move to the next framework, where we try to understand the relationship, the kind of rights, that patients have in the context of hospitals-patients relationship. This is a very complex problematic relationship today. Because, there are many hospitals, different types of hospitals coming up today. And most of the hospital facilities are in an urban set up.

There are not many hospitals in villages in developing countries, particularly countries like India. So, the question, which I raised in the beginning of this lecture, whether hospitals can be treated as moral agents. Whether hospitals can be morally responsible. We assume that, they can be, because hospitals can choose between alternatives and can rationally act and take decisions. So, naturally they are responsible for, what actions they have taken.

So, there is no question of doubting the fact that, whether hospitals can be treated as moral agents. It is quite possible for a person to prosecute, to go to the court against the hospital. Complaining that, the hospital has not treated him well or complaining for certain another kind of problems, legal issues. Quite often this happens in today's world. But, at the same time, what

we need to understand here is that, the kind of ethical issues or the kind of moral responsibilities, we are concerned about in this context, they are not synonymous with the kind of moral responsibilities of healthcare professionals.

Naturally, the professionals like doctors and nurses and other paramedical and other people, who work in the hospital have certain responsibilities towards the patients. That is different from, what hospital as an organization, as an institution has towards the patients. And, they are obliged to provide considerate care to patient, which is, which may not happen in all the context, unfortunately. So, naturally this is one of the primary requirements.

Every hospital has this obligation to provide considerate care to patient and honor the personal dignity of the patients and respect their cultural, psychological and spiritual values. Because, your patients might be coming from diverse backgrounds, cultural, psychological, financial and people of course have their religious and spiritual values. In a multicultural society like India, you can expect all kinds of people coming to the one place. We can expect all kinds of people coming to the hospital.


There is at least one place, if there is at least one place, where you will find all the people coming with one simple objective, that is a hospital. So, naturally the hospitals also have to treat them, without any bias. So, they have to honor the personal dignity of each patient, regardless of the patients, other believes and cultural and psychological backgrounds. And, respect the confidentiality of the patients because that is extremely important. The privacy and confidentiality of the patients are very important. To protect the patient's individual rights, that is extremely important.

And, avoid all forms of exploitation and conflict of interest. There might be on several occasions, very important conflict of interest. Most of the hospitals or organizations with function, with very clear profit interest. And, all occasions, it is a fact that, these profit interest might conflict with the interest of the patients. Such occasions, where serious conflict of interest might arise need to be deliberately avoided to protect the interest of the patient. So, what is primary is no doubt, the interest of the patient.

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Role of Professionals in the context of Hospital-Patient Relationship

- Insist that hospital should enable healthcare professionals to assume the **professional roles** and to do things that ensure **patient welfare**.
- Prevent burdening patients with **questionable billing procedures** and **referrals**: avoidance of conflict of interests as hospitals may incentivise such procedures.
- Avoid unnecessary and **long hospitalization**.
- Insist on proper **hospital care**.
- Ensure **safeguarding of patient's confidentiality** and insist that patients' charts and other documents are securely kept.
- Patients **should not be discriminated** on the basis of their religion, caste, language or gender.
- Protection of the patient from **sexual harassment**.

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Now, again in this context, we have to keep in mind that, the professionals, the healthcare professionals, particularly physicians and nurses and other professionals, who work in the hospital, they have to play a very crucial role in this context. Because, in one sense, they are the mediators. There is the hospital administration or the hospital as an organization on the one hand to which, they are also part of.

So, if you apply the business model, you can always argue that, as employees, as employees of this organization, these people have some sort of a responsibility towards the hospital, which is their employer. On the other hand, they have certain very special responsibilities towards the patient. So, that business model as such, cannot be directly applied in this context.

Because, the relationship between patient and healthcare professional is a very special kind of relationship, which you would not find in a business organization. In a business organization, the professional identities of the people, who are employed by the organization are almost merged with the identity of the organization. They do not stand out separately and they do not relate with their customers or consumers in a one-to-one basis.

But, that is not the case in hospitals. In hospitals, though doctors and nurses are on the one hand employees of the hospital. But their relationship with the patients are very personal. Whatever

professionalism you underline, there is an element of personal relationship, that comes into picture. It is very important that, the physicians and other healthcare professionals have to empathize with their patients. Because, the patients approached the hospital and the professionals, physicians and nurses for what you mean by care.

They are seeking care; they are seeking health care. And, the health care has to be provided from a very broad perspective, which includes all aspects, physical, psychological, spiritual and various other aspects. So, the relationship between physicians and patients is a very intimate special kind of relationship, which you would not find in a typical business organization.

So, you cannot apply the business organization model to understand this relationship. So, it is important that the healthcare professionals, particularly the physicians insist that, hospitals should enable healthcare professionals to assume the professional roles and to do things, that ensure patient welfare.

So, what has to be underlined is the idea of patient welfare. There is no doubt about it. And the hospital should have a kind of an environment, which allows the professionals to adopt, to assume their professional roles. So, that they can serve the patients in a better way. They are primarily meant for serving the patient. Of course, they have certain obligations towards their employer, the hospital. But the primary responsibility, no doubt is towards the patients.

And the patients for them are not just customers or consumers, they are patients. There is an important difference between consumer and a patient. We will see that later. Prevent burdening the patients with questionable billing procedures and referrals. Avoidance of conflict of interest as hospitals may incentivize such procedures. So, there could occur very serious conflict of interest. Because, you know many of the hospitals, which are corporate organizations, they insist that, there should be more referrals, more medicines, exorbitant billings and all that.

So, that they can increase their profits. So, this might include, this might involve a conflict of interest. The interest of the patients are at stake. And, often hospitals might encourage physicians to do that, and incentivize them, in order to encourage them, to do this So, avoid unnecessary and

long hospitalization. Insist on proper hospital care. Ensure safeguarding of patient's confidentiality and insist that patients charts and other documents are securely kept. So, on the one hand avoid unnecessary hospitalization, long hospitalization, referrals and all that, which might involve a lot of financial burden on the part of the patient.

On the other hand, physical and psychological care should be ensured. And, the most important thing is securing patients confidentiality. Hospital plays a very important role there, and the physicians should insist on this. Because that is very important for human beings to retain their personality.

Patients should not be discriminated on the basis of their religion, caste, language or gender or any other factors. They are patients. And, all patients are equal. Then, protection of the patient from sexual harassment, which is increasingly reported in today's world, where physicians and other medical staff, other professionals are harassing patients sexually. So, this possibility also needs to be very carefully addressed.

(Refer Slide Time: 26:57)

**Patients, Society and Humanity as a Whole**

<p><b>Collective Human Responsibility</b></p> <ul style="list-style-type: none"><li>• What can patients reasonably expect from the society?</li><li>• What are the responsibilities of humanity towards those who fall ill?</li><li>• The idea of <b>collective moral responsibility of a society guided by scientific understanding of the world.</b></li><li>• To make its <b>advantages more universally accessible and affordable.</b></li><li>• To make the world a better place for a better future for humanity.</li></ul>	<p><b>Major Impediments</b></p> <ul style="list-style-type: none"><li>• Human poverty, social unrest, terrorism and underdevelopment.</li><li>• Diseases and sufferings related to them are linked with this social situation.</li><li>• Insensitivity of the developed world to the fundamental concerns of the developing world.</li><li>• Science largely addresses problems in the developed world.</li><li>• Ethics too!</li></ul>
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Now, when you come to the problem, patient, society and humanity as a whole. So, we try to see now, what sort of a model, we are trying to arrive at. What should be the responsibilities of humanity and society in general, towards people who fall ill. So, collective human responsibility,

when you talk collective human responsibility, we can ask the question, what can patients reasonably expect from the society? They have fallen ill for some reason and that is not their fault. They are fallen ill not of their fault. So, what are the responsibilities of humanity, society towards those people, who fall ill?

So, in many countries, there is healthcare is provided by governments, free of cost, many countries in the world. But unfortunately, most of the countries, do not do that in this world. Most of the countries in the world, do not do that. In India, we try to provide some sort of a universal health care to all people, but there are limitations. Because, in a country, vast country like India, there are a lot of limitations to that.

So, naturally the private sector also plays a very key role in India in providing health care. The idea of collective moral responsibility of a society guided by scientific understanding of the world is extremely crucial. So, that we can derive all the real fruits of medical research and medical sciences to humanity. So, this is extremely important to make its advantage more universally accessible and affordable.

Nowadays, some of the medical procedures and some of the medicines are extremely costly, that a majority of humanity are not able to afford it. Some of the medical procedures are unthinkable for humanity, 90% of the humanity. So, there is this whole interesting, 90-10 divide. So, 90% of the humanity are denied, some of the very important advancements in medical research, which is a very unfortunate situation.

To make the world, a better place, for a better future for humanity is, or should be rather the most important concern of Bioethics. But, this is not something, which is happening. The focus of Bioethics itself is as never been this. Because, if you examine the history of Bioethics, most of the developments, we in our course itself, we have discussed the historical and conceptual evolution of Bioethics.

And, we also have noted, some of the important milestone events in history. And, some of the important issues, which we have discussed or which we have mentioned. Most of these things have happened in the developed world, what is known as the first world.

Because, many of these advancements in medicine have happened in these countries. And, Bioethics as a discipline has also emerged in the developed world, mostly in the United States. And, the major discussions in Bioethics also happen in the developed world. So, some of the important concerns of the developing world have not addressed by these bioethical deliberations, that happen today. This is a major complaint, which many bioethicists are raising in today's world.

So, the major impediments are to arrive at a better understanding of Bioethics, human poverty, social unrest, terrorism and under development. So, these are some of the factors, which literally take humanity back, from the path of development and progress. So, many of the diseases, if you examine have not only natural causes, but also social causes like this.

Not very hygienic situation, social situation in which people live, lack of sanitation, lack of drinking water, good drinking water all these are problems, which add to ill health in today's world. So, they are all largely social problems not natural causes for the diseases. So, why are we not able to address those issues from the perspective of Bioethics is a major question, which we have ask ourselves.

Insensitivity of the developed world, to the fundamental concerns of the developing world also needs to be addressed. Because this is particularly visible in the context of medical research. We have already discussed this in a couple of our previous lectures, that a huge amount of medical research is benefiting only the rich people in the world.

That is one thing. Second thing is with globalization, there is a lot of outsourcing, that is happening in today's world. But the benefit, when it comes to benefits of this research, it is not happening in the same proportion to the developing world. The developed world, the

multinational firms, which function in the developed world are outsourcing from the developing world.

But, in return, they are not actually making it accessible, making these people accessible to the important medical discoveries, which are made. That is a sad situation. Science largely addresses problems in the developed world and surprisingly and ironically, ethics too do that.

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## New Directions in Bioethics

- Avoid exclusive focus on issues like abortion, reproduction, genetics, euthanasia, privacy, consent etc.
- Bioethics should expand to other areas and address areas where human suffering is significantly high.
- More social, political and economic factors should be linked with bioethical deliberations.
- Issues related to poverty, illiteracy, epidemics etc., should also prominently figure in.

Now, in this context, let us think about some of the new directions, which we can take in Bioethics. So, there is in today's world, an exclusive focus on issues like abortion, reproduction, genetics, euthanasia, privacy, consent, issues like this, which are not very relevant or rather, I am not saying that, they are not relevant in other countries in developing world.

But, developing world will have more burning concerns, than say for example euthanasia. So, there are a lot of literature available on euthanasia. Lot of ethicist work on topics like reproductive ethics, abortion, whether abortion is right or wrong, euthanasia, whether body is can be considered as your private property or not, such issues are deliberated in detail.

But, for some of the fundamental concerns like access to healthcare, justice in healthcare, equity and justice in health care, these things are not being addressed at all, even by ethicist. So, this is a



major flaw, this is a major lack, which needs to be addressed urgently. Bioethics should expand to other areas and address areas where human suffering is significantly high. So, these are some areas, where humans suffering is significantly very high. And, more social political and economic factors should be linked with bioethical deliberations.

Bioethics though originally is part of philosophical reflections, no doubt. But, at the same time, it should incorporate in its deliberations, concerns and factors, that are social, political and economic. So, that you can situate the problem in a broader context. There is no problem, which arises, independent of social, political and economic factors in the society today.

So, Bioethics is also like this. We have to address problems, by situating it in the broader context of social, political and economic factors and try to understand from that broader perspective. Issues related to poverty, illiteracy, epidemics etcetera, should also prominently figure in Bioethics deliberations.

(Refer Slide Time: 34:48)

## New Directions in Bioethics

- Bioethics along with medicine should become more and more proper.
- Be alert about the possibilities of exploitation in the name of science.
- Discriminatory treatment of humanity should be avoided: the benefits of scientific research should reach all.
- At present: the exploitation continues with the developed world hesitates to share the benefits of science with the poor.
- Refusal to adopt a more universal approaches.

And, Bioethics along with medicine should become more and more proper. Be alert about the possibilities of exploitation in the name of science. What I mean by exploitation, in this context

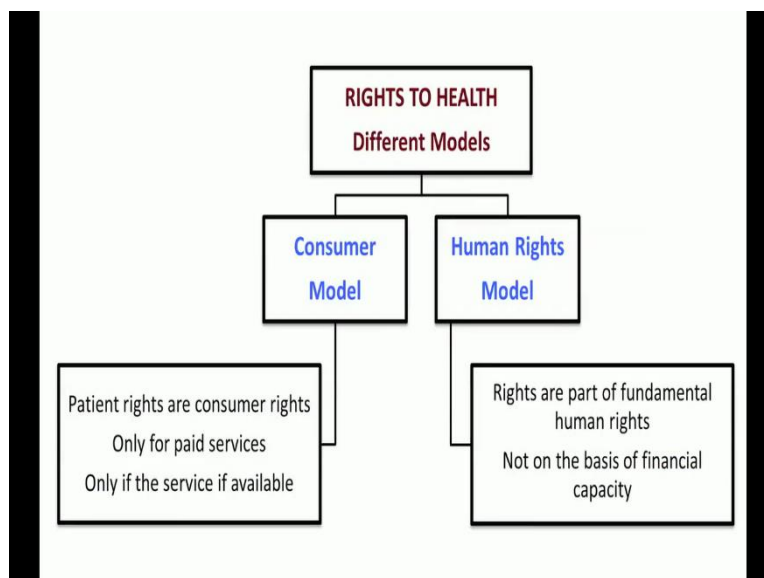
is, in the name of clinical research, people in the developing countries are exploited a lot. We have discussed this issue in the previous lecture. So, such issues have to be addressed.

Discriminatory treatment of humanity should be avoided. The benefits of scientific research should reach everyone. Because, science is a universal endeavor. It needs to be a universal endeavor. But, unfortunately, though it is ideally universal endeavor, scientific problems are consumed and addressed not on the basis of some very abstract universal principles.

It always emerged from certain context, social context. And, unfortunately most of the social context are there in the social, in the developed world. So, we have to address problems, which the developing world also faces.

Discriminatory treatment of humanity should be avoided. The benefit of scientific research should be reach all. At present, the exploitation continues with the developed world hesitates to share the benefits of science with the poor developing world people. Refusal to adopt a more universal approaches. So, these are some of the concerns, which, when we think about new directions in Bioethics we have to keep in mind. So, one way, we can think of a solution to the problem is making, health a right, as part of human rights.

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So, rights to health, we have two different models in today's world. See for example, we have a consumer model, which is there in many countries, including India. In India, there is no separate law for patient. Patients are not considered as separate entities than consumers. They are also treated as consumers. So, what is prevalent in countries like India is a consumer model, where patients' rights are consumer rights. And, since consumer rights are only applicable for people, those people, who pay for their services. If you have not paid for your services, you have no rights.

So, it is a very ironical situation, that exist in countries like India. Only if the service is available, we can actually talk about it. Because, we cannot talk about a consumer right, before we become a consumer of a certain product or service. But, we need a product and service badly. But, that product and services is not provided to us. We cannot complain.

So, this is a problem with that or these are some of the limitations of the consumer model. On the other hand, if you adopt a human rights model, rights are part of fundamental human rights. So, the right to health is actually a part of fundamental human rights. It is not just on the basis of our financial capacity or anything else. If that provision is available, then there is a right for all of us to get it.

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## New Directions in Bioethics

Present Situation of Bioethics	The Need
<ul style="list-style-type: none"><li>• Failed to consider social justice – equity.</li><li>• Both scientific research and ethical issues are determined by choices human societies make.</li><li>• Bioethics largely deals with issues of the developed world: brain death, organ transplantation, xenotransplantation, cloning, euthanasia etc.</li><li>• Individual is at the center.</li></ul>	<ul style="list-style-type: none"><li>• To embed bioethics in a social context and brings the concerns of social justice into bioethics discussions.</li><li>• Issues which human societies and communities face need to be addressed.</li><li>• Benefit of research should be globally available.</li><li>• Bioethics should contribute to addressing larger ethical problems: human suffering, inequalities etc.</li></ul>

So, we will try to understand this a little bit more by understanding the present situation and the needs. The present situation in Bioethics, where there is a failure to consider social justice equity, which we have already understood, which we have already discussed. Both scientific research and ethical issues are determined by choices, human societies make. And Bioethics largely deals with issues of the developed world like brain-death, organ transplantation, xenotransplantation, cloning, euthanasia etcetera. Individual is still at the center.

So, this is the situation, which we have in today's world. What Bioethics is, it deals with issues like this logic. And, individual of course is at the center. What we are proposing is that, it is not that, these issues are unimportant. They are definitely important. An individual is also important. Individual should be at the center. No doubt in that.

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## References

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So, what is needed today is to embed Bioethics in a social context and bring the concerns of social justice in to bioethics discussions. So, we have to actually approach, Bioethics discussion from the perspective of, the concept of social justice. Issues, which human societies and communities face need to be addressed. So, they have to be really broad issues.

And benefit of research should be globally available. And Bioethics should contribute to addressing larger ethical problems like human suffering, inequalities etcetera. It is not just confined to issues like brain death, organ transplantation, which deal with a very minor department of human sufferings and problems. Rather, it has to take up larger issues, larger issues like human suffering, human agony, inequalities etcetera. (Refer Slide Time : 39:42)

So, we will conclude this lecture here. What we were trying to see is to understand, some of the issues, where the individual's rights are under threat. So, we try to understand it from three perspective, from the perspective of three frameworks, patient-physician relationship, hospital physician relationships and from the perspective of human rights.

And, we try to conclude by asserting the importance of, highlighting the importance of, conceiving health care as a human right. So, this will help solving some of the very important issues, which humanity as a whole is encountered. So, there is a need to arrive at a right balance from addressing exclusively certain issues like brain-death, euthanasia or abortion and similar issues. Bioethics need to address more important issues related to social justice.

So, this is our conclusion in today's lecture. Right now, we will wind up here. Thank you.